



Virginia Department of  
**Health Professions**  
Board of Pharmacy

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## APPLICATION FOR A LICENSE TO SELL CONTROLLED SUBSTANCES BY A PRACTITIONER OF THE HEALING ARTS

**Check Appropriate Box:**

- ☐ New \$180.00  
☐ Reinstatement (current renewal fee + reinstatement fee) <sup>1&2</sup> \$240.00  
☐ Reinstatement after suspension or revocation <sup>1&2</sup> \$500.00

Application fees are not refundable. Applications are valid for one year from the date of receipt.  
The required fees must accompany the application. Make check payable to "Treasurer of Virginia".  
Applicant—Please provide the information requested below. (Print or Type) Use full name, not initials.

Name of Applicant			Virginia Medical License Number <b>0101</b>	
Street Address of Record to Receive Information regarding License			<sup>1</sup> License Number to Sell Controlled Substances: <b>0213-</b>	
City	State	Zip Code	Social Security Number or Virginia DMV number	
Telephone Number		Fax Number		
Email address for practitioner				
Signature of the Practitioner Applicant			Date	
<b>Please read and complete page 2 of this application.</b>				

FOR OFFICE USE ONLY:				
Date Processed:	Check No:	Receipt No:	Application No:	Date Scanned to Enforcement:
Date Issued:	License Number 0213-	Reviewed By:	Date Reviewed:	Date Sent to PMP:

**Please respond to the following questions:**

1. Has your federal registration with the Drug Enforcement Administration been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the order sent to the Board office.
2. Has your medical license ever been voluntarily surrendered to a licensing authority in any jurisdiction, placed on probation, suspended, revoked, or have your prescribing privileges been restricted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and provide a copy of the order or other document of the licensing authority.
3. Is your medical license in all jurisdictions where licensed current and unrestricted. Yes <input type="checkbox"/> No <input type="checkbox"/> If no, attach explanation.
4. Have you ever been convicted, pled guilty to or pled <i>nolo contendere</i> to a violation of any federal, state, or other drug related law or of any felony or other crime involving moral turpitude? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a detailed explanation and have a certified copy of the court order sent to the Board office.
5. Does the location from which you intend to sell controlled substances maintain a current active facility permit for practitioners of the healing arts to sell controlled substances? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, the facility must obtain such permit prior to selling controlled substances from the location.  If yes or if the selling location is currently applying for a facility permit, provide the name and address of the selling location:  <b>Facility or Selling Location Name:</b> _____ <b>Street Address:</b> _____ <b>City, State, Zip:</b> _____ <b>Area Code and Telephone:</b> _____

**<sup>2</sup> REINSTATEMENT ONLY:**

1. Have you engaged in the selling of prescription drugs in Virginia during the time that your license was lapsed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach explanation.
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